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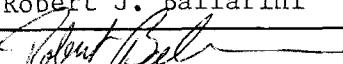
3624 7590 01/15/2008

VOLPE AND KOENIG, P.C.
 UNITED PLAZA, SUITE 1600
 30 SOUTH 17TH STREET
 PHILADELPHIA, PA 19103

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Robert J. Ballarini	(Depositor's name)
	
(Signature)	
4/15/08	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/500,649 11/10/2004 Jens Kloppenborg Moller IPB-PT002 2985

TITLE OF INVENTION: SPIRAL WOUND MEMBRANE ELEMENT AND A PROCESS FOR PREVENTING TELESCOPING OF THE FILTER ELEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional YES \$720 \$300 \$0 \$1020 04/15/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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KIM, SUN U 1797 210-321740

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	Volpe And Koenig, P.C. 1 _____
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ENVIRO HOLDING A/S

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature 

Date 4/15/08

Typed or printed name Robert J. Ballarini

Registration No. 48,684

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